



CITY OF TUCSON
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION
Titles 16 & 19, Arizona Revised Statutes

SEE EXHIBIT #1

Definitions, statutory references and important information on reverse.

<input checked="" type="checkbox"/> Initial Registration		<input type="checkbox"/> Out of State Committee	<input type="checkbox"/> Amended Statement	ID# 07-113-CT <i>W</i>	
<input type="checkbox"/> Registration as Standing Political Committee					
NAME OF POLITICAL COMMITTEE <i>Vote Regina Romero</i>			DATE <i>3-8-06</i>		
ADDRESS (NUMBER & STREET) <i>2860 W Desert Crest Dr.</i>		CITY <i>Tucson</i>	STATE <i>AZ</i>	ZIP <i>85713</i>	
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP	
COMMITTEE TELEPHONE # <i>520 440 0025</i>	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS <i>regina.romero@cox.net</i>			
DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please provide the following information:					
NAME OF SPONSORING ORGANIZATION		TYPE OF ORGANIZATION			
ADDRESS OF SPONSORING ORGANIZATION		RELATIONSHIP TO POLITICAL COMMITTEE			
<p>TYPE OF POLITICAL COMMITTEE - Please check only <u>one</u> box:</p> <p><input checked="" type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE</p> <p><input type="checkbox"/> EXPLORATORY COMMITTEE</p> <p><input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES</p> <p><input type="checkbox"/> COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT ISSUE</p> <p><input type="checkbox"/> COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL ELECTION</p> <p><input type="checkbox"/> OTHER COMMITTEE: (please describe below)</p> <p>_____</p> <p>*Petition Serial Number _____ Supports <input type="checkbox"/> Opposes <input type="checkbox"/></p> <p><input type="checkbox"/> STANDING POLITICAL COMMITTEE (\$250 annual fee required) (A.R.S. § 16-902.01) By selecting the above classification, the committee declares that it has been active in more than one reporting jurisdiction in this state for more than one year AND is one of the following: (please check ONE of the four boxes below)</p> <p><input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION</p> <p><input type="checkbox"/> COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES</p> <p><input type="checkbox"/> POLITICAL ORGANIZATION (an organization that is formally affiliated with and recognized by a political party including a district committee that is organized pursuant to A.R.S. § 16-823)</p> <p><input type="checkbox"/> POLITICAL PARTY (only state or county committees of an organization that meets the requirements for recognition as a political party (A.R.S. §§ 16-801, 16-804, 16-821 and 16-825))</p>					
EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. § 16-902(A).					
NAME OF COMMITTEE CHAIRMAN <i>CORKY POSTER</i>		CHAIRMAN'S TELEPHONE # <i>520-882-6310</i>		CHAIRMAN'S FAX # <i>520-882-0725</i>	
CHAIRMAN'S ADDRESS <i>1336 E. 12th ST, TUCSON AZ</i>		CITY <i>TUCSON</i>	STATE <i>AZ</i>	ZIP <i>85719</i>	
CHAIRMAN'S OCCUPATION <i>ARCHITECT/PLANNER/PROFESSOR</i>		CHAIRMAN'S EMPLOYER <i>POSTER FROST ASSOC. / UNIV. OF ARIZONA</i>			
NAME OF COMMITTEE TREASURER <i>Diana Jimenez-Young</i>		TREASURER'S TELEPHONE # <i>520-623-1806</i>		TREASURER'S FAX # <i>N/A</i>	
TREASURER'S ADDRESS <i>1657 S. San Marcos Place</i>		CITY <i>TUCSON</i>	STATE <i>AZ</i>	ZIP <i>85713</i>	
TREASURER'S OCCUPATION <i>Social Worker/Program Director</i>		TREASURER'S EMPLOYER <i>Child & Family Resources, Inc.</i>			

*If committee is formed on ballot proposition, indicate petition serial number and whether the committee supports or opposes the proposition.

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BEFORE A POLITICAL COMMITTEE ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE IT SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION, A.R.S. § 16-902(C). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers)

1. Wells Fargo 2. _____ 3. _____

FOR AN EXPLORATORY COMMITTEE OR A CANDIDATE'S CAMPAIGN COMMITTEE, PROVIDE THE FOLLOWING INFORMATION: (Party Affiliation and Office Sought are optional for Exploratory Committees.)

NAME OF DESIGNATING INDIVIDUAL ("DI") OR CANDIDATE <u>Regina Romero</u>			
PARTY AFFILIATION <u>Democrat</u>	OFFICE SOUGHT <u>City Council Ward 1</u>	COUNTY OF RESIDENCE <u>Pima</u>	
D/Is OR CANDIDATE'S ADDRESS <u>2860 W. Desert Crest Dr.</u>		CITY <u>Tucson</u>	STATE <u>AZ</u>
			ZIP <u>85713</u>

DESIGNATING INDIVIDUAL OR CANDIDATE'S STATEMENT: I authorize the above-named political committee as my political committee to receive contributions and make expenditures on my behalf.

Date: 3/8/07 D/Is or Candidates signature: _____

CHAIRMAN'S AND TREASURER'S STATEMENT: We, ~~we~~ undersigned, have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true ~~correct~~ and complete.

Date: MARCH 1, 2007 Chairman's signature: _____

Date: MARCH 6, 2007 Treasurer's signature: _____

STANDING POLITICAL COMMITTEE'S STATEMENT (if applicable, A.R.S. § 16-902.01): I/we hereby declare the status of this political committee as a standing political committee.

Date: _____ Chairman's signature: _____

Date: _____ Treasurer's signature: _____

State of Arizona)
)ss.
County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____

My Commission Expires: _____

Notary Public

DEFINITION OF POLITICAL COMMITTEE: A.R.S. § 16-901(19)

"Political committee" means a candidate or any association or combination of persons that is organized, conducted or combined for the purpose of influencing the result of any election or to determine whether an individual will become a candidate for election in this state or in any county, city, town, district or precinct in this state, that engages in political activity in behalf of or against a candidate for election or retention or in support of or opposition to an initiative, referendum or recall or any other measure or proposition and that applies for a serial number and circulates petitions and, in the case of a candidate for public office except those exempt pursuant to section 16-903, that receives contributions or makes expenditures in connection therewith, notwithstanding that the association or combination of persons may be a part of a larger association, combination of persons or sponsoring organization not primarily organized, conducted or combined for the purpose of influencing the result of any election in this state or in any county, city, town or precinct in this state. Examples of types of political committees are listed on the front of this form.

NOTE FOR INDIVIDUALS INVOLVED IN POLITICAL ACTIVITIES:

An individual, acting alone, is not a political committee under Arizona law and need not file a statement of organization. If any additional person or persons join the effort [as defined above in A.R.S. § 16-901(19)] begun by an individual, the association of persons has become a "political committee" under Arizona law, and must file a statement of organization before accepting contributions, making expenditures, distributing literature or circulating petitions. A.R.S. § 16-902.01(A).

NOTE FOR THOSE INVOLVED IN INITIATIVE, REFERENDUM AND RECALL EFFORTS:

Before circulating initiative, referendum or recall petitions, a political committee must file its statement of organization with the appropriate filing office. Signatures obtained on petitions prior to the filing of the statement of organization are void and shall not be counted in determining the legal sufficiency of the petition. A.R.S. §§ 19-114(B) and 19-202(C). Even though an individual, acting alone, may begin the initiative, referendum or recall effort, as soon as other persons join the effort, the association of persons must register as a political committee.



CITY OF TUCSON
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION
Titles 16 & 19, Arizona Revised Statutes

EXHIBIT #1 TO
ID Number 07-113-CT

Definitions, statutory references and important information on reverse.

<input type="checkbox"/> Initial Registration		<input type="checkbox"/> Out of State Committee		<input type="checkbox"/> Amended Statement		ID# 07-113-CT <i>lw</i>	
<input type="checkbox"/> Registration as Standing Political Committee							
NAME OF POLITICAL COMMITTEE						DATE	
ADDRESS (NUMBER & STREET)				CITY		STATE	ZIP
MAILING ADDRESS (if different from above)				CITY		STATE	ZIP
COMMITTEE TELEPHONE #		COMMITTEE FAX #		COMMITTEE E-MAIL ADDRESS			
DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide the following information:							
NAME OF SPONSORING ORGANIZATION				TYPE OF ORGANIZATION			
ADDRESS OF SPONSORING ORGANIZATION				RELATIONSHIP TO POLITICAL COMMITTEE			
<p>TYPE OF POLITICAL COMMITTEE - Please check only <u>one</u> box:</p> <p><input type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE</p> <p><input type="checkbox"/> EXPLORATORY COMMITTEE</p> <p><input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES</p> <p><input type="checkbox"/> COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT ISSUE</p> <p><input type="checkbox"/> COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL ELECTION</p> <p><input type="checkbox"/> OTHER COMMITTEE: (please describe below)</p> <p>_____</p> <p>*Petition Serial Number _____ Supports <input type="checkbox"/> Opposes <input type="checkbox"/></p>							
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NAME OF COMMITTEE CHAIRMAN <i>Woman</i> <i>Ivy Schwartz</i>				CHAIRMAN'S TELEPHONE # <i>237-6530</i>		CHAIRMAN'S FAX # <i>N/A</i>	
CHAIRMAN'S ADDRESS <i>3211 W. Westwood Pl</i>				CITY <i>Tucson</i>		STATE <i>AZ</i>	ZIP <i>85745</i>
CHAIRMAN'S OCCUPATION <i>PHYSICIAN</i>				CHAIRMAN'S EMPLOYER <i>COMPASS HEALTH CARE</i>			
NAME OF COMMITTEE TREASURER				TREASURER'S TELEPHONE #		TREASURER'S FAX #	
TREASURER'S ADDRESS				CITY		STATE	ZIP
TREASURER'S OCCUPATION				TREASURER'S EMPLOYER			

*If committee is formed on ballot proposition, indicate petition serial number and whether the committee supports or opposes the proposition.

AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION, A.R.S. § 16-902(C). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers)

1. Wells Fargo 2. _____ 3. _____

FOR AN EXPLORATORY COMMITTEE OR A CANDIDATE'S CAMPAIGN COMMITTEE, PROVIDE THE FOLLOWING INFORMATION: (Party Affiliation and Office Sought are optional for Exploratory Committees.)

NAME OF DESIGNATING INDIVIDUAL ("DP") OR CANDIDATE

PARTY AFFILIATION	OFFICE SOUGHT	COUNTY OF RESIDENCE	
D/T's OR CANDIDATE'S ADDRESS	CITY	STATE	ZIP

DESIGNATING INDIVIDUAL OR CANDIDATE'S STATEMENT: I authorize the above-named political committee as my political committee to receive contributions and make expenditure.

Date: 3/8/07 D/T's or Candidates signature: _____

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 3-1-07 Chairman's signature: _____

Date: _____ Treasurer's signature: _____

STANDING POLITICAL COMMITTEE'S STATEMENT (if applicable) (A.R.S. § 16-902.01): I/we hereby declare the status of this political committee as a standing political committee.

Date: _____ Chairman's signature: _____

Date: _____ Treasurer's signature: _____

State of Arizona)

)ss.

County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____

My Commission Expires: _____

Notary Public

DEFINITION OF POLITICAL COMMITTEE: A.R.S. § 16-901(19)

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NOTE FOR INDIVIDUALS INVOLVED IN POLITICAL ACTIVITIES:

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NOTE FOR THOSE INVOLVED IN INITIATIVE, REFERENDUM AND RECALL EFFORTS:

Before circulating initiative, referendum or recall petitions, a political committee must file its statement of organization with the appropriate filing office. Signatures obtained on petitions prior to the filing of the statement of organization are void and shall not be counted in determining the legal sufficiency of the petition. A.R.S. §§ 19-114(B) and 19-202(C). Even though an individual, acting alone, may begin the initiative, referendum or recall effort, as soon as other persons join the effort, the association of persons must register as a political committee.

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*If committee is formed on ballot proposition, indicate petition serial number and whether the committee supports or opposes the proposition.



CITY OF TUCSON
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION
Titles 16 & 19, Arizona Revised Statutes

Definitions, statutory references and important information on reverse.

☐ Initial Registration ☐ Out of State Committee ☒ Amended Statement

☐ Registration as Standing Political Committee

ID# 07-113-01 *SM*

DATE 3/15/07

NAME OF POLITICAL COMMITTEE

Vote Regina Romero

ADDRESS (NUMBER & STREET)

P.O. Box 1547

CITY

Tucson

STATE

AZ

ZIP

85702

MAILING ADDRESS (if different from above)

CITY

STATE

ZIP

COMMITTEE TELEPHONE #

520 409-8370

COMMITTEE FAX #

COMMITTEE E-MAIL ADDRESS

Regina@vote-regina-romero.com

DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? ☐ YES ☐ NO

If yes, please provide the following information:

NAME OF SPONSORING ORGANIZATION

TYPE OF ORGANIZATION

ADDRESS OF SPONSORING ORGANIZATION

RELATIONSHIP TO POLITICAL COMMITTEE

TYPE OF POLITICAL COMMITTEE - Please check only one box:

☐ CANDIDATE'S CAMPAIGN COMMITTEE

☐ EXPLORATORY COMMITTEE

☐ COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES

☐ COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT ISSUE

☐ COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL ELECTION

☐ OTHER COMMITTEE: (please describe below)

☐ STANDING POLITICAL COMMITTEE (\$250 annual fee required) (A.R.S. § 16-902.01) By selecting the above classification, the committee declares that it has been active in more than one reporting jurisdiction in this state for more than one year AND is one of the following: (please check ONE of the four boxes below)

☐ SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION

☐ COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES

☐ POLITICAL ORGANIZATION (an organization that is formally affiliated with and recognized by a political party including a district committee that is organized pursuant to A.R.S. § 16-823

☐ POLITICAL PARTY (only state or county committees of an organization that meets the requirements for recognition as a political party (A.R.S. §§ 16-801, 16-804, 16-821 and 16-825)

*Petition Serial Number

Supports

Opposes

☐

☐

EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. § 16-902(A).

NAME OF COMMITTEE CHAIRMAN

CHAIRMAN'S TELEPHONE #

CHAIRMAN'S FAX #

CHAIRMAN'S ADDRESS

CITY

STATE

07

APR 15

CHAIRMAN'S OCCUPATION

CHAIRMAN'S EMPLOYER

NAME OF COMMITTEE TREASURER

TREASURER'S TELEPHONE #

TREASURER'S FAX #

TREASURER'S ADDRESS

CITY

STATE

51

TREASURER'S OCCUPATION

TREASURER'S EMPLOYER

*If committee is formed on ballot proposition, indicate petition serial number and whether the committee supports or opposes the proposition.

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BEFORE A POLITICAL COMMITTEE ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE IT SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION, A.R.S. § 16-902(C). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers)

1. _____ 2. _____ 3. _____

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PARTY AFFILIATION

OFFICE SOUGHT

COUNTY OF RESIDENCE

DP's OR CANDIDATE'S ADDRESS

CITY

STATE

ZIP

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Date: _____ Chairman's signature: _____

Date: _____ Treasurer's signature: _____

STANDING POLITICAL COMMITTEE'S STATEMENT (if applicable) (A.R.S. § 16-902.01): I/we hereby declare the status of this political committee as a standing political committee.

Date: _____ Chairman's signature: _____

Date: _____ Treasurer's signature: _____

State of Arizona)
) ss.
County of _____)

OFFICE OF THE
CITY CLERK

07 MAR 15 13:51

CITY OF TUCSON
RECEIVED

SUBSCRIBED AND SWORN TO before me this _____ day of _____

My Commission Expires: _____

Notary Public

DEFINITION OF POLITICAL COMMITTEE: A.R.S. § 16-901(19)

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